State of Iowa 2009 Governor's Golden Dome Awards Governor's Excellence Award Nomination Form



Nomination Instructions

A. Nominee Information

- a) Type or print all information.
- b) Complete this form and include a response for each criterion checked in section D.
- c) Include letters of commendation or other supporting documentation.

| Name: | Work Phone: | | | | |
|---|-------------|--|--|--|--|
| Position, Title, or Classification: | | | | | |
| Department: | Division: | | | | |
| Business Address: | | | | | |
| Reports to: | | | | | |
| e-mail address: | | | | | |
| Name to be printed: | | | | | |
| B. Nominator Information | | | | | |
| | | | | | |
| Name: | | | | | |
| Relationship to Nominee: | | | | | |
| Business Address: | | | | | |
| Work Phone: | | | | | |
| E-mail Address: | | | | | |
| Signature: | | | | | |
| C. A brief summary of the nominees selected will be included in the Awards Program Directory. Describe (in two or three sentences) the most significant contribution this nominee has made to his/her department this year and why this nominee should be selected to receive this award: | | | | | |
| | | | | | |

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| The employee/leader has completed a task or project of substantial importance to agency and/or state government. The employee/leader has found ways to improve job functions or processes and implemented these. | o the |
|---|-------|
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| | |
| 3. The employee/leader has demonstrated ingenuity, creativity, and extraordinary resourcefulness in accomplishing responsibilities. | |
| 4. The employee/leader has continually extended self with coworkers and the public positive manner. | in a |
| 5. The employee/leader has continually met and/or exceeded goals. | |
| 6. The employee/leader has served as a role model for other staff and peers. | |
| 7. The employee/leader has exercised notable initiative in developing personal and professional skills, which benefit the department. | |
| 8. The employee/leader has demonstrated exceptional skills with both written and vector communication. | erbal |
| 9. The leader has demonstrated effective management resulting in higher performing employees (for management nominees only). | g |
| 10. The leader has promoted notable growth and development of employees (for management nominees only). | |

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| Dome Awards Ceremony. | | | | | | |
|---|--------------------------------|----------|----------------|-------|--|--|
| Nomination forms must be submitted by August 28, 2009 for fiscal year 2009. | | | | | | |
| | | | | | | |
| F. To be completed by Recognition Coordinator/Personnel Assistant. | | | | | | |
| Leng | gth of Service Current Positio | n: years | State of Iowa: | years | | |
| Current performance evaluation is satisfactory or above. | | | | | | |
| | | | | | | |
| G. For additional information refer to: http://das.hre.iowa.gov/index_golden_dome.html | | | | | | |

E. Submit to your department's Employee Recognition Coordinator. All nominations will be collected and your department will review, evaluate, and select the

individual(s) to be recognized with each award at the annual Governor's Golden

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